

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003229

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **880**

FILED JAN 31 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN EAST ST. LOUIS	
Length of stay in 1b 17 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.		d. STREET ADDRESS (If outside, give location) 522 NORTH 27TH	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HARRY Middle L. Last BISE			4. DATE OF DEATH Month JANUARY Day 25 Year 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/29/96	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOLL COLLECTOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ULLIN, ILL.	
13a. FATHER'S NAME JOHN BISE		13b. MOTHER'S MAIDEN NAME SARAH AUGUSTINE		14. NAME OF HUSBAND OR WIFE LORETTA BISE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WW 1		17. INFORMANT LORETTA BISE SEE 2D	
---	--	-------------------------------------	--	---	--

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	DUE TO (c)
			4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus and Peripheral Neuropathy		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
---	---	--	--

20c. TIME OF INJURY Hour VA a.m. p.m.	Month, Day, Year 1/8/63		
---	-----------------------------------	--	--

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA	20f. CITY, TOWN, OR LOCATION ST. LOUIS	COUNTY ST. LOUIS STATE MO.
--	---	--	--

21. VA attended the deceased from 1/8/63 to 1/25/63 and last saw him alive on 1/25/63	
Death occurred at 10:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>Richard L. Phillips</i> (Degree or title) M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 1/26/63
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE January 28, 63	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) Belleville, Illinois
--	------------------------------------	--	--

24. FUNERAL DIRECTOR Kurrus Funeral Home	ADDRESS E. St. Louis, Ill	25. DATE RECD. BY LOCAL REG. JAN 28 1963	26. REGISTRAR'S SIGNATURE <i>Loan Smith. M.D.</i>
--	-------------------------------------	--	--

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

28/20, 27

3

4 0

5 1

6

7 1

8 2

9

10

11

12 83-0

13

83

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

E. S. Hausel

Licensed Embalmer No. 3162

P. O. Address E. S. Hausel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.